

STATEMENT OF DISSOLUTION

1/2

Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and (1) determines that it has not received contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expenditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee can dissolve.

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70808-7017.

1. Full Name and Address of Political Committee

Trey Gist Campaign Committee
P.O. Box 13741

Alexandria

LA 71315

OFFICE USE ONLY

S/D
8/19

2004 AUG 20 PM 12:25

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2. Name and Address of Committee Chairperson

Please see attached sheets.

3. Was this Committee the Principal Campaign Committee of a Candidate?

☒ Yes ☐ No

If yes, give the name of the Candidate Please see attached sheets.

4. Was this Committee a Subsidiary Committee designated by either a Candidate or a Principal Campaign Committee?

☐ Yes ☒ No

If yes, give the name of the Candidate or Committee Please see attached sheets.

5. WE HEREBY CERTIFY that this committee has no unpaid debts or obligations and that all funds have been expended or otherwise distributed.

WE HEREBY CERTIFY that this committee (1) has not received contributions, transfer of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so, or (2) will receive no contributions, transfers of funds, or loans and will make no expenditures, transfers of funds, or loans during the remainder of the calendar year.

WE FURTHER CERTIFY that a completed Committee Report accompanies this Statement of Dissolution.

Dated 08/19/2004

Ellen Gist Scroggs

Signature of Committee Chairperson

3184847509

Daytime Telephone Number

Signature of Committee Chairperson

Daytime Telephone Number

Affiliated Persons / Organizations

212

Name and Address of Chair Person

Ellen Gist Scroggs
1007 Grefel Court

Alexandria LA 70803

Chairperson:

Candidate Information

Office Sought (include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

Name and Address of Candidate

Howard B. Trey Gist III
P.O. Box 13705

Alexandria LA 71315

Chairperson:

Candidate Information

Office Sought (include title of office as well as parish, city, town and/or election district)

N/A

N/A

N/A

Name of Political Party: N/A

☒ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: